

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107019644 FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
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50						
TOTAL IND.	5		12			
TOTAL DEP.	53		21			
TOTAL CLAIMS	58		13			

*	IND.	DEP.	*	IND.	DEP.	*
51	/		52	/		53
54	/		55	/		56
57	/		58	/		59
60	/		61	/		62
63	/		64	/		65
66	/		67	/		68
69	/		70	/		71
72	/		73	/		74
75	/		76	/		77
78	/		79	/		80
81	/		82	/		83
84	/		85	/		86
87	/		88	/		89
90	/		91	/		92
93	/		94	/		95
96	/		97	/		98
99	/		100	/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						